

Withdrawal From Intern Program

Use a separate form for each intern who is no longer in your program.

This form is to be used in accordance with [CIA 007-11](#), [CIA 09-08](#), and [PSA 10-08](#) to notify the Commission that an individual has been dropped or has withdrawn from an approved professional preparation program being delivered through an intern model.

Upon notification by a Commission-approved university or district internship program sponsor that an individual has withdrawn (or is dropped) from an internship program for any reason, the Commission will issue a corrected document. The corrected document will include an expiration date equal to the date supplied by the program sponsor. Subsequently, when an applicant's Social Security number and birth date are entered in the Commission's online look-up system, the internship credential will be displayed as an expired document, no longer valid for employment purposes in California's public schools. Expired documents are not displayed via the public lookup system (name search system).

Full name of credential holder								
Last 4 digits of SSN:								
Type of intern program withdrawn from			<i>Ed Specialist (TC3)</i>			<i>Pupil Personnel Services</i>		
<input type="checkbox"/> MS (TC2)	<input type="checkbox"/> SS (TC1)	<input type="checkbox"/> Administrative: Preliminary	<input type="checkbox"/> M/M	<input type="checkbox"/> ECSE	<input type="checkbox"/> VI	<input type="checkbox"/> School Counseling		
			<input type="checkbox"/> M/S	<input type="checkbox"/> DHH	<input type="checkbox"/> PHI	<input type="checkbox"/> School Psychology	<input type="checkbox"/> School Social Work	
Date the individual is no longer in the intern program								
Reason the individual is no longer in the program								
Yes, I have notified the employer of the date the credential is no longer valid.						<input type="checkbox"/>		
Yes, I have notified the intern of the date the credential is no longer valid.						<input type="checkbox"/>		
Name of intern program sponsor								
Name of person completing form								
Title of person completing form <i>(Only credential analysts or their authorized designees may complete this form)</i>								
Date of Submission								

Please submit this form as an attachment to an e-mail addressed to Intern@ctc.ca.gov